

Testimony of the Confederated Salish and Kootenai Tribes of the Flathead Indian Reservation  
Prepared for the House Interior Appropriations Subcommittee on the Interior, Environment and  
Independent Agencies – March 24, 2015

Mr. Chairman and Honorable Members of the House Appropriations Subcommittee on the Interior, Environment and Related Agencies, thank you for holding these hearings that allow tribal leaders to come before this important committee to try and identify funding priorities. My name is Vernon Finley and I am the Chairman of the Tribal Council of the Confederated Salish and Kootenai Tribes of the Flathead Reservation in western Montana.

I am not sure whose job is more difficult, the tribal leaders who, in five minutes, must try and relay to you what life is like on Indian reservations with budgets that are impossible to work with or yours who must sit here listening to our frustrations. I suppose it would be safe to say that neither of us are in very enviable positions today. One of the further problems I know that you have is that regardless of how convincing we may be, you are handcuffed in part due to the earmark ban. To this day I will never understand why the Congress would want to defer these funding decisions to the Administration and I hope that there is a growing understanding of the need to allow this Subcommittee to direct spending at the least for governmental programs which would include tribal governments.

I wish to focus my testimony today on two key areas, health care and forestry and I am accompanied by Kevin Howlett, the Director of our Health Department and by Jim Durglo, the head of our Forestry Department. If you have any questions they are here to help me answer them. We will of course be meeting with our delegation and others this week.

Health Care - We are in a unique position among tribes. Due to the fact that our reservation was severely allotted, combined with our proximity to Missoula, there are privately owned hospitals (St. Luke's and St. Joe's) on fee land within our reservation. Over the years when we have examined the potential with the Indian Health Service of constructing an IHS hospital or major clinic, there has been a lot of pushback from the existing hospitals who do not want to lose their Indian patients. As a result, we are surely one of the largest tribes in the US without an IHS constructed hospital or clinic. Instead we have recently built our own clinics without any construction dollars from the IHS. Since our clinics were not IHS constructed, IHS tells us that we don't qualify for funding from their Hospitals and Clinics budget, which is their largest budget line. As a result we are overly reliant on what had been called Contract Health Services (CHS) and is now known as Purchased and Referred Care (PRC). Of course these are the funds that IHS uses for referral purposes when a patient's needs are beyond the capability of what can be done at an IHS Hospital or Clinic. We are a Self-Governance Tribe and while we operate most components of IHS programs we have always strongly felt, in allocating their CHS/PRC funds, that the Indian Health Service did not take into account the fact the we do not get sufficient Hospital and Clinic funds to provide primary care and are therefore overly reliant on CHS/PRC dollars. What they would expect us to do in serving our people from the CHS/PRS budget is impossible so we do not contract for the operation of that program. IHS has an office in our clinic (they refer to it as the Flathead Service Unit) and they run the PRC program from there. Two weeks ago they told our Tribal Council that at the present rate of spending they will

not have enough money to get through the year so they are going to have to start allocating it out in lesser amounts. They are already working at a Level 12 rating which means referrals are only where “life, limb or senses are at risk.” Mr. Chairman, this is unacceptable and we urge this committee’s intervention. We are getting less funding from IHS on a per capita basis than the other tribes in our region because we don’t receive Hospital and Clinic funds. It would seem one option to consider would be a waiver of the requirement that Hospitals and Clinic funds can only go toward IHS constructed facilities and the awarding of some amounts of those funds for our clinics. We have saved the Federal government millions of dollars in taking the initiative of building our clinics with our own funds and through aggressive third party billings. This seems like it would be a fair outcome.

Mr. Chairman the Affordable Care Act included a wholesale reauthorization of the Indian Health Care Improvement Act including provisions that authorize tribes with additional opportunities to pursue third party billings for care delivered at Indian Health Service and Tribal Health facilities. We seem to be ahead of the curve in learning the difficult and highly technical process of collecting third party payments but even with those payments it must be observed that the amount of money the IHS is allocated on a per capita basis for serving its beneficiaries is a fraction of what the Congress makes available to other beneficiaries. Medicaid spending per beneficiary is at \$11,018, the Veterans Administration spends \$7,154 per user, Federal employees get \$4,187 and the Indian Health Service is only allocated \$3,348. Is it any wonder that Indian people have such disparity when their health and lifespan are measured against other Americans? So given these comparative dollar allocations we think this committee should do all in its power to help bring parity to tribal health budgets and to assist tribes with third party collections. Can the Centers for Medicare and Medicaid Services (CMS) make billing Medicare and Medicaid easier? Can you and your colleagues on other committees make billing CHIP easier? How about the VA and of course private insurance? We believe if there was a concerted effort by this and other committees to direct federal agencies to provide technical assistance to tribes, to revise their rules and regs if needed and undertake some innovative actions to help tribes learn how to master the third party billing process that it could be quite beneficial toward the goal of providing sufficient funding for our health facilities.

In the area of health care I make two further requests. First, we understand the Veteran’s Administration get multi-year funding. We believe the Indian Health Service should be treated similarly. We do not know of any other way to overcome the debilitating impact on the delivery of health care to Indian people that has come as a result of government shut downs, piecemeal funding allocated during Continuing Resolutions and sequestration. Secondly, the Indian Health Service simply should be exempted from sequestration as the Veteran’s Administration, Medicare and Medicaid are. The fiduciary trust responsibility that the United States has toward the Indian tribes of this country is ample justification as is the disparate health care that the Indian people suffer with.

Forestry Including Fire Issues - The Flathead Indian Reservation is approximately 1.3 million acres, over one-third of which or 460,000 acres are forested. Of that 236,000 acres are available for commercial harvest and there we harvest about 18 million board feet (MMBF) of timber annually. The remaining forests are set aside and include the first tribally designated

wilderness in the US and several primitive areas reserved for cultural use. We have a Forest Management Plan (FMP) that encompasses an ecosystem management perspective with both 30 year and 100 year goals related to forest health and restoration. In 1985, my Tribes utilized the Indian Self Determination Act, including the Tribal Self-Governance provisions and we “compacted” with the Bureau of Indian Affairs (BIA) and took over management of all natural resources on our Reservation. With the ecosystem management and more holistic approach that the Tribes took, we did have to administratively reduce the levels of harvest to levels that were more sustainable and that would ensure multiple uses including protecting fisheries and wildlife.

The re-establishment of fire on the land, both prescribed and wildfire for multiple objectives are major drivers of our Forest Management Plan. The use of fire to establish forest structures similar to those of pre-European contact, assists us in developing alternatives for consideration under our National Environmental Policy Act (NEPA) planning efforts.

It is evident that our tribal ancestors took a very active role in management of our vegetative landscape. Our Forest Management Plan (FMP) guides us in our actions of restoring fire-dependent forest ecosystems. Over the past ten years CSKT Fuels personnel have treated over 7,500 acres per year in fuels reduction treatments, including thinning, piling, pile burning, and understory burn projects. We take great pride in being active land managers, to sustain vital forest communities for our future generations.

When an Indian tribe uses the Indian Self Determination Act to take over management and operations of any program that had been operated by the BIA, one of the most pressing questions the Tribal Council asks is, “Will there be sufficient funds provided via contract or compact to ensure we can operate this program in a professional manner, that will meet necessary standards and hopefully be a source of jobs and pride for our people.” While we are proud of the success we have had in managing our forests, generating income to the Tribes and creating as many jobs as we can, I must tell this Committee in the strongest terms that the funding levels we receive are so inadequate and so radically out of sync with funds received for managing similar US Forests that I wonder if our FMP can be sustained.

The lack of parity between what we receive on a per acre basis compared to what our neighbors receive for managing immediately adjacent lands owned by the US Forest Service is striking. This is not simply our perspective but an observation shared by the Indian Forest Management Assessment Team (IFMAT) in their recently published Third Decadal Review. IFMAT was created by Congress and consists of professional foresters who, once every ten years, meet and visit forested Indian Reservations to analyze the management and successes. The recent study, forwarded to this Committee, supports the arguments we have been making for years, which is that the Congress and the Administration (be they Democratic or Republican) are not providing sufficient funds that allow us to get the job done in the professional manner necessary. The facts speak for themselves and the data indicates that we are routinely receiving one-third of the money per acre that our counterparts next door in the LoLo National Forest receive. This lack of funding leads to lack of adequate staff to oversee and manage timber harvest including compliance with Federal laws such as the Endangered Species Act.

Congress directed that the decadal IFMAT studies be undertaken so that you would have data by which to make informed decisions. You now have clear data and we ask that you assist us in rectifying the problems IFMAT identified. IFMAT recommended that BIA Forestry be increased by \$100 million to achieve parity with other federal forestry programs. We urge the Congress to attack that lack of equity by adding at least \$25 million a year over the next four years to the BIA Forestry budget. IFMAT also recommended increasing the BIA's Forestry Projects by \$12.7 million to initiate a Forestry Workforce Development program. To assist tribes to achieve sustainable harvest of timber, BIA's budget must also be increased to address invasive species, endangered species and cooperative landscape conservation.

We appreciate the recent effort that the Office of Wildland Fire has taken to engage Tribes in their continued development of the new Risk Based Fire Management Fire management funding allocation processes. However, we are concerned that this methodology is reverting back to the disastrous Hazardous Fuels Prioritization and Allocation System (HFPAS) proposal. Had tribes and Congress not convinced DOI to withdraw the HFPAS proposal, our hazardous fuels budget would have been cut by 94%. We are concerned that Agency fire directors are still discounting the value of tribal forest lands – lands that the US holds in trust as a fiduciary – while endorsing sage grouse habitat and recreation facilities. We are also very concerned with how the implementation of the recent Secretarial Order 3336 will affect tribal fire management programs. We ask this Committee's help in ensuring that tribes do not lose any Fire Management funding including for hazardous fuels reduction which is essential to keep fires in check.

Mr. Chairman, the management of forests is a complex business involving silviculture experts, foresters, wildlife biologists, hydrologists, fisheries biologists, archeologists, tribal preservation experts, range and weed representatives, and our Tribal Elders Advisory Committees as well as prescribed fire and fuels technicians. This has become even more a challenge when the economy is bad and the call for wood products is off while at the same time we must comply with various regulations and laws. We are seeing evidence that climate change will impact our forests from bug infestations to larger fires created by drought while we must simultaneously manage for fish and wildlife that are so important to our people, particularly a culture where many hunt and fish to help feed their families. We are up to the task and are proud to have the only four year bachelor's forestry degree program in Indian country at our Salish and Kootenai College. We will do all we can to manage our forests but we can't do it without the help of our trustee. As we mentioned earlier the 3rd IFMAT Report provided a road map as to what is needed to provide healthy forests and jobs for our people but an IFMAT implementation team needs to be established to turn that report into real policies and budget and we urge your support to see that team is established.

Finally I want to say that we are members of the Intertribal Timber Council and we concur in their testimony including the importance of implementing IFMAT-III Report, the concept of establishing Anchor Forests, and Stewardship Assignments as well as amending the Tribal Forest Protection Act so it can lead to actual projects being implemented as opposed to having those proposed projects mired in endless environmental and agency review.